

Guidance to Article 28 Hospitals and other Regulated Entities: SHIN-NY Data Contribution

To continue advancing the Statewide Health Information Network for New York (SHIN-NY) and adhere to the SHIN-NY Regulation (Addition of Part 300 to Title 10 NYCRR (Statewide Health Information Network for New York (SHIN-NY)) which was codified on March 9, 2016), the Department of Health has set an objective to increase the quantity and quality of data contributed to the SHIN-NY by hospitals and other healthcare providers. In doing so, the network can better support statewide efforts to improve healthcare quality, coordination and efficiency of patient care, and reduce medical errors, amongst many other benefits.

Pursuant to the Regulation, all <u>Article 28 Hospitals</u> are to be **participating in** and **contributing data to** the SHIN-NY by **March 9, 2017**. Additionally, the following entities are to participate and contribute data to the SHIN-NY by **March 9, 2018**:

- Article 28 nursing homes and diagnostic treatment centers
- Article 36 certified home health care agencies, long term home health care programs
- Article 40 hospices
- Article 44 HMOs
- Article 46 shared health facilities
 - including Urgent Care providers

To meet the objectives stated above, it is the Department of Health's goal to have all Article 28 Hospitals contributing the **full dataset** below to the SHIN-NY by March 9, 2018; other regulated entities (as above) have the goal of contributing the full data set by March 2019.

Common Clinical Data Set			
1.	Patient name	11.	Laboratory test(s)
2.	Sex	12.	Laboratory value(s)/result(s)
3.	Date of birth	13.	Vital signs – height, weight, blood pressure, BMI
4.	Race	14.	Care plan field(s), including goals and instruction:
5.	Ethnicity	15.	Procedures
6.	Preferred language	16.	Care team member(s)
7.	Smoking status	17.	Encounter Diagnosis
8.	Problems	18.	Immunizations
9.	Medications	19.	Functional and Cognitive Status
10.	Medication Allergies	20.	Discharge Instructions

The Department of Health is concerned with increasing the *quantity and quality* of data that is contributed to the SHIN-NY. At this time the DOH is not <u>mandating</u> a specific transport method or mechanism (e.g. HL7 v2, HL7 v3, C-CDA) for contributing data to the SHIN-NY, however C-CDA is <u>strongly encouraged</u> in order to align with various other health care transformation initiatives in NYS. In the future, a specific transport mechanism may be required.